

elphi Vendor Entry Worksheet

** Bold/Yellow indicates required fields **

NAME: _____ PHONE: _____ DATE: _____

E-MAIL ADDRESS: _____

COMPANY CLASSIFICATION: ☐ Small ☐ Large ☐ Disadvantage ☐ Women-OwnedSUPPLIER NAME: _____ ☐ New ☐ Modifying

TAXPAYER ID: _____ DUNS or DUNS + 4 NO. _____

CLASSIFICATION/TYPE: ☐ No Cost Lease/Award ☒ Vendor ☐ Federal Agency

FEDERAL AGENCY LOCATION CODE (ALC): _____ * For New Agencies

GENERAL: Parent Supplier Name: _____

Tax ID Number: _____

ORGANIZATION TYPE: ☐ Corporation ☐ Government Agency
☐ Individual ☐ Partnership
☐ Foreign Corp / Govt Agency / Indiv / Partner
☐ Reimbursable Non-Govt (Supplier/Grant Sponsor/State & Local Govt)

CCR: VENDOR IS REGISTERED: ☒ Yes ☐ No

SUPPLIER SITES: (Additional sites or additional Tax Reporting Address forward as attachment)

☐ New ☐ Adding Site ☐ Modifying Site

Supplier Number: _____

Supplier Site Name: _____

Country: United States

Other: _____

Address _____

City: _____

State: _____

County: _____

Zip Code: _____

PAYMENT: Payment Method: Electronic ☒ Check ☐ (Waiver Required)**TELEPHONE NUMBERS:**Purchasing Site ☐ Pay Site ☐ Primary ☐

Voice (Area Code & Number) _____ - _____ - _____

Fax (Area Code & Number) _____ - _____ - _____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:

1. Last Name: _____ First: _____ MI _____
 Title: _____ Telephone: _____ - _____ - _____

2. Last Name: _____ First: _____ MI _____
 Title: _____ Telephone: _____ - _____ - _____

BANK:

Bank Name: _____

Account Name: _____

Bank ABA Routing No: _____

Account Number: _____

Account Type

Checking ☐Savings ☐